

IN THE UNITED STATES DISTRICT COURT FOR  
THE MIDDLE DISTRICT OF ALABAMA

JENERRAL REED AMBROSE	)	
	)	
Plaintiff,	)	
	)	
vs.	)	Civil Action No.: 2:06-CV-929-MHT
	)	
RUSSELL THOMAS,	)	
OLIVIA PEARSON,	)	
DOUG WHEELER,	)	
	)	
Defendants.	)	

**DEFENDANTS' REPLY TO PLAINTIFF'S SPECIAL REPORT**

COME NOW the defendants in the above-styled cause, by and through their undersigned counsel of record, and file this Reply to Plaintiff's Special Report by submitting the affidavit of Olivia Pearson and Exhibits 3 and 4. This Reply will supplement the Defendants' Written Report previously filed in this matter.

1. The Affidavit of Olivia Pearson addresses allegations raised by the plaintiff in his Special Report and emphatically denies that the plaintiff Ambrose was ever denied medical attention.

2. Exhibit 3 is the first shift of the jail log from September 25, 2006, which the plaintiff claims to be missing. All jail logs have been reviewed by Olivia Pearson and there are no jail logs which contain any information regarding a medical claim or medical complaint by the plaintiff.

3. Exhibit 4 is a recent jail inspection report of the Pike County Jail, dated April 3, 2007, as inspected by the Department of Corrections for the State of Alabama. This exhibit contains information which would rebut the allegations of both the plaintiff

and of the plaintiff's witness, Robert M. Young, III, as it relates to the conditions of the Pike County Jail.

4. The plaintiff's Special Report to the Court contains no evidence, medical documents or otherwise, tending to support his allegation of a medical condition which required medical care or that the medical care was not appropriately provided to him. The burden is on the plaintiff in this case to prove that the defendants were deliberately indifferent to his medical needs and the plaintiff has not met that burden. Otherwise, the plaintiff's Special Report contains nothing more than general grievances, some of which do not even relate to the allegations contained in the plaintiff's Complaint.

Respectfully submitted this the 2<sup>nd</sup> day of May, 2007.

s/N. Gunter Guy, Jr.  
**N. GUNTER GUY, JR. (GUY004)**  
BALL, BALL, MATTHEWS & NOVAK  
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Montgomery, AL 36102  
(334) 387-7680  
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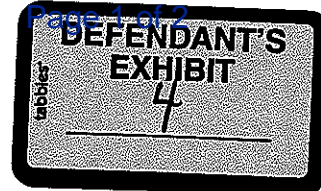
**CERTIFICATE OF SERVICE**

I hereby certify that on the 2<sup>nd</sup> day of May, 2007, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system, and I hereby certify that I have mailed by United States Postal Service the document to the following non-CM/ECF participants:

**Jenerral Ambrose  
Montgomery Pre-Release  
Post Office Box 75  
Montgomery, AL 36057-0075**

s/N. Gunter Guy, Jr.  
**N. GUNTER GUY, JR. (GUY004)**  
**BALL, BALL, MATTHEWS & NOVAK**  
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# STATE OF ALABAMA

## DEPARTMENT OF CORRECTIONS

Engineering Administrative Division  
2265 Maron Spillway Road  
Elmore, Alabama 36025  
(205) 567-1556



## JAIL INSPECTION REPORT

Sheriff/Chief of Police RUSSELL THOMAS  
City TROY  
County PIKE  
Phone No. \_\_\_\_\_

Jail PIKE COUNTY  
Date 4-3-2007  
Time 10:10 AM  
Inspector SYDNEY REDDEN

This is to report conditions of your jail as of this date of inspection. Please carefully note and make needed corrections. These adjustments are necessary to bring your facility into compliance with the standards set forth in Title 14, Code of Alabama, 1975.

—CHECK MARK indicates most accurate description—

### WHAT GOVERNING BODY HAS SUPERVISORY POWER?

City Council \_\_\_\_\_ County Commission ☒

### POPULATION:

STATE 9F 6M  
W/M \_\_\_\_\_ B/M \_\_\_\_\_ W/F \_\_\_\_\_ B/F \_\_\_\_\_ TOTAL 7  
COUNTY  
W/M \_\_\_\_\_ B/M \_\_\_\_\_ W/F \_\_\_\_\_ B/F \_\_\_\_\_ TOTAL \_\_\_\_\_  
CITY  
W/M \_\_\_\_\_ B/M \_\_\_\_\_ W/F \_\_\_\_\_ B/F \_\_\_\_\_ TOTAL \_\_\_\_\_  
FEDERAL  
W/M \_\_\_\_\_ B/M \_\_\_\_\_ W/F \_\_\_\_\_ B/F \_\_\_\_\_ TOTAL \_\_\_\_\_  
JUVENILES  
W/M \_\_\_\_\_ B/M \_\_\_\_\_ W/F \_\_\_\_\_ B/F \_\_\_\_\_ TOTAL \_\_\_\_\_  
GRAND TOTAL 8878

### JAIL CAPACITY:

MALE 2 FEMALE 2 JUVENILE 0 TOTAL 60

- Are Female Prisoners housed separately? YES ☒ NO \_\_\_\_\_ NONE \_\_\_\_\_
- Are separate quarters available for Juveniles? YES ☒ NO \_\_\_\_\_ NONE ☒
- Number of state inmates ON WAIVER \_\_\_\_\_

### JAIL EMPLOYEES:

- Number of Jailers \_\_\_\_\_
- Number of Matrons \_\_\_\_\_
- Other Employees DISPATCH / KITCHEN 2
- Are Jailers POST Certified? YES ☒ NO \_\_\_\_\_

### BUILDING:

#### GENERAL APPEARANCE:

- Exterior: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒
- Interior: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒
- Fence: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ None \_\_\_\_\_
- Yard: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ None \_\_\_\_\_
- Type of Construction: Brick ☒ Cement ☒ Wood \_\_\_\_\_ Other \_\_\_\_\_
- Year Constructed: 1957
- Types of Locking Devices: Manual ☒ Electric \_\_\_\_\_
- Condition of Locking Devices: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ None \_\_\_\_\_
- Observation
- Windows: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ None \_\_\_\_\_
- Screens: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ None \_\_\_\_\_
- Grills: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ None \_\_\_\_\_
- Windows: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ None \_\_\_\_\_
- Cells: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ None \_\_\_\_\_

### SAFETY FEATURES:

- Emergency Exits: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ None \_\_\_\_\_
- Fire Apparatus: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ None \_\_\_\_\_
- Stairways: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ None \_\_\_\_\_
- Elevators: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good ☒ None \_\_\_\_\_

- Is there an EMERGENCY (fire) EVACUATION plan POSTED? YES ☒ NO \_\_\_\_\_
- Are Fire and Safety precautions observed? YES ☒ NO \_\_\_\_\_
- If NOT, explain in Comments section:

### TRAINING:

IN-SERVICE: YES ☒ NO \_\_\_\_\_  
Other: \_\_\_\_\_

### ARE OPERATING PROCEDURES WRITTEN? YES ☒ NO \_\_\_\_\_

### IS THERE A PRINTED MANUAL? YES ☒ NO \_\_\_\_\_

### JAIL RECORDS:

- Arrest Record: YES ☒ NO \_\_\_\_\_
- Are personal property and cash receipted? YES ☒ NO \_\_\_\_\_
- Visits: YES ☒ NO \_\_\_\_\_
- Medical: YES ☒ NO \_\_\_\_\_
- Commitment and Discharges: YES ☒ NO \_\_\_\_\_
- Are Jail Records Adequate? YES ☒ NO \_\_\_\_\_
- Are Prisoners Fingerprinted? YES ☒ NO \_\_\_\_\_
- Are Prisoners Photographed? YES ☒ NO \_\_\_\_\_

### SECURITY:

- Is the jail reasonably secure? YES ☒ NO \_\_\_\_\_
- Are periodic inspections made of security facilities? YES ☒ NO \_\_\_\_\_
- Are firearms stored safely? YES ☒ NO \_\_\_\_\_  
Where are they stored? LOCKBOXES
- Are there regulations prohibiting carrying of firearms into the Jail? YES ☒ NO \_\_\_\_\_
- KEY CONTROL:  
Are keys ever in possession of inmates? YES ☒ NO \_\_\_\_\_  
Are keys properly stored and accounted for? YES ☒ NO \_\_\_\_\_
- How often are prisoners quarters visited? DAILY
- Is jailer on duty 24 hours daily? YES ☒ NO \_\_\_\_\_
- Are CHECKS conducted at night? YES ☒ NO \_\_\_\_\_  
Are CHECKS logged? YES ☒ NO \_\_\_\_\_
- Are complete SHAKEDOWNS accomplished? YES ☒ NO \_\_\_\_\_
- Are periodic COUNTS conducted? YES ☒ NO \_\_\_\_\_



11. Are CONTRABAND CONTROL procedures in effect? ..... YES ☒ NO ☐
12. INMATE VISITS:  
When are visits allowed?  
Daily ☐ Semi-Weekly ☐ Weekly ☒ Other ☐  
Who is allowed to visit inmates?  
Relatives ..... YES ☒ NO ☐  
Friends ..... YES ☒ NO ☐  
Clergy ..... YES ☒ NO ☐  
Are CONTACT VISITS allowed? ..... YES ☐ NO ☒
13. INMATE MAIL:  
Are INCOMING MAIL and packages INSPECTED? ..... YES ☒ NO ☐  
Do new prisoners receive instructions about JAIL RULES? ..... YES ☒ NO ☐  
Are these instructions: VERBAL ☒ WRITTEN ☐
15. TRUSTIES:  
Are TRUSTIES used? ..... YES ☒ NO ☐  
Who selects the TRUSTIES?  
Sheriff/Chief ☒ Jailer ☐ Other ☐
16. Are inmates in UNIFORM? ..... YES ☒ NO ☐  
Coveralls ☐ Pants & Shirts ☒  
Are uniforms MARKED? ..... YES ☒ NO ☐

**DISCIPLINARY PROCEDURES:**

1. Does the jail hold DISCIPLINARY HEARINGS? ..... YES ☒ NO ☐  
2. Who exercises disciplinary authority?  
Sheriff/Chief ☐ Jailer ☐ Other ☐

**FOOD SERVICES:****General Condition**

- Kitchen ..... POOR ☐ FAIR ☐ GOOD ☒  
Tables ..... POOR ☐ FAIR ☐ GOOD ☒  
Shelves ..... POOR ☐ FAIR ☐ GOOD ☒  
Screens ..... POOR ☐ FAIR ☐ GOOD ☒

1. Is the cook paid? ..... YES ☒ NO ☐  
2. Who supervises the Kitchen? Cook  
3. Who plans the Menu? Cook  
4. Do inmates assist in food preparation? ..... YES ☒ NO ☐  
5. What type of eating utensils are used?  
Plastic ☒ Paper ☐ Metal ☐ Other ☐  
Are the utensils washed? ..... YES ☒ NO ☐  
How Washed? ..... HAND ☐ SANITIZER ☒  
6. Are the standards of sanitation adequate? ..... YES ☒ NO ☐  
7. Is copy of menu available on the date of inspection? ..... YES ☒ NO ☐  
8. Do paid employees supervise the serving of meals? ..... YES ☒ NO ☐  
9. Is the diet adequate? ..... YES ☒ NO ☐  
10. Number of meals served per day?  
1 ☒ 2 ☐ 3 ☐

11. Food Preparation ..... POOR ☐ FAIR ☐ GOOD ☒  
Quality ..... POOR ☐ FAIR ☐ GOOD ☒  
Quantity ..... POOR ☐ FAIR ☐ GOOD ☒  
12. Storage of Food ..... POOR ☐ FAIR ☐ GOOD ☒  
Refrigeration ..... POOR ☐ FAIR ☐ GOOD ☒  
13. Are Commissary (or store) purchases available to inmates? ..... YES ☒ NO ☐

**SANITATION AND PERSONAL HYGIENE**

1. Is there a systematic CLEANING PROGRAM in effect? ..... YES ☒ NO ☐

2. Are adequate TOOLS and CLEANING MATERIALS available? YES ☒ NO ☐

3. What type of BEDDING is provided? Sheets ☒ Blankets ☒  
Mattress Cover ☐ Pillow ☐ Pillow Case ☐

- HOW OFTEN IS BEDDING LAUNDERED?  
Semi-Weekly ☐ Weekly ☒ Other ☐

4. Are excessive FOOD or unnecessary ITEMS in CELLS? ..... YES ☐ NO ☒

5. Is DRINKING WATER available at all times? ..... YES ☒ NO ☐

6. Are HOT and COLD WATER available for bathing? ..... YES ☒ NO ☐

7. Are HEATING and VENTILATION adequate? ..... YES ☐ NO ☒

8. Is LIGHTING adequate? ..... YES ☐ NO ☒

9. Condition of PAINT?

Interior ..... POOR ☐ FAIR ☐ GOOD ☒

Exterior ..... POOR ☐ FAIR ☐ GOOD ☒

10. Are BATHING FACILITIES available to all inmates? ..... YES ☒ NO ☐

11. Are SOAP and TOWELS available? ..... YES ☒ NO ☐

12. HOW OFTEN are inmates REQUIRED TO BATHE?  
Daily ☐ Semi-Weekly ☐ Weekly ☒ Other ☐

**13. CONDITION OF PLUMBING**

- Are there LEAKING PIPES in the Jail? ..... YES ☐ NO ☒

COMMODOES ..... POOR ☐ FAIR ☐ GOOD ☒

LAVATORIES ..... POOR ☐ FAIR ☐ GOOD ☒

SHOWERS ..... POOR ☐ FAIR ☐ GOOD ☒

14. Does the Jail have a PEST CONTROL program? ..... YES ☒ NO ☐

How often treated? MONTHLY

By Whom? MEER

**MEDICAL SERVICE:**

1. Name of PHYSICIAN? DICHLINA

2. How often do physicians visit the jail/facility?  
Daily ☐ Weekly ☐ On-Call ☐

Other (specify) ☐

3. What HOSPITAL facilities are used for inmates? EDGE

LEGIONNA

4. Is the Venereal Disease Act enforced (Title 22, Chapter 16-7)? ..... YES ☐ NO ☒

**INMATE PROGRAMS:**

1. Are Counseling Services available? ..... YES ☒ NO ☐

2. Recreation Facilities ..... YES ☒ NO ☐  
Types Provided: ☐

3. Educational Opportunity ..... YES ☐ NO ☒  
Types Offered: ☐

**COMPLAINTS:**

1. Are there justifiable complaints? ..... YES ☐ NO ☒

2. Is jail involved in litigation? ..... YES ☐ NO ☒  
If YES, type PERSONAL

3. Is the Jail or Facility Racially Integrated? ..... YES ☐ NO ☒

4. Is there a Current Grand Jury Report on the Jail? ..... YES ☐ NO ☒

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	)	
Plaintiff,	)	
	)	
vs.	)	Civil Action No.: 2:06-CV-929-MHT
	)	
RUSSELL THOMAS,	)	
OLIVIA PEARSON,	)	
DOUG WHEELER,	)	
	)	
Defendants.	)	

**AFFIDAVIT OF OLIVIA PEARSON**

Before me, the undersigned, personally appeared **OLIVIA PEARSON**, who being duly sworn, gives testimony as follows:

1. My name is Olivia Pearson and I am the Jail Administrator with the Pike County Sheriff's Department. I am a named defendant in the above-styled lawsuit.

2. I have reviewed the "Special Report of Plaintiff" filed with the Court and wish to respond to plaintiff Ambrose's allegations contained therein.

3. There are no documents that reflect a response to Ambrose's medical needs because Ambrose never reported verbally or in writing to anyone that he was requesting or needed medical attention.

4. The reverse side of the admission record (Exhibit 1) shows the plaintiff's past medical problems and indicates very few complaints, prior complaints or other pertinent medical history to support his allegations in this case. The form was completed and signed by him.

5. Ambrose is absolutely giving false statements about the lack of medical care in this case. Our medical provider is Dr. Mickey Dichiara and Edge Regional Medical Center. Whenever an inmate is in need of medical care, an appointment is made or, if it is an emergency, he is taken to Edge Regional Medical Center for appropriate care.

6. The Affidavit of witness Robert M. Young has no credibility. Young was arrested by the Troy Police Department on February 8, 2007, and later transported to the Pike County Jail on February 9, 2007. Young has a very extensive criminal record dating back over 20 years. I am aware that he has charges in several counties. Young has a very bad reputation of causing trouble in county jails and of filing frivolous complaints. Like plaintiff Ambrose, Young also had no complaints while he was incarcerated at the Pike County Jail.


7. Our jailers make checks on the inmates each and every day and make sure inmates' needs are met. Meals are served three times per day. Inmates' medical needs are attended to.

8. Ambrose's complaints in this case are totally without merit. He has not produced any medical evidence to support the allegation that he had an ear infection. Certainly, those records should have been available to him if he was treated while in the custody of the Department of Corrections. If he does not have medical records, then no such problem existed or the problem was so insignificant that it did not require attention and certainly did not cause him injury. Otherwise, Ambrose's allegations are nothing more than general grievances of a convicted prisoner who has nothing more to do than to file unfounded complaints in Court.



The above information is true and correct to the best of my knowledge and belief.

DATED this 1<sup>st</sup> of May, 2007.

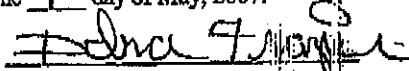
  
OLIVIA PEARSON

STATE OF ALABAMA )

COUNTY OF PIKE )

BEFORE ME, the undersigned Notary Public, did personally appear OLIVIA PEARSON, who states to me that she is aware of the contents of the foregoing Affidavit, and that she did execute it voluntarily.

SWORN TO and SUBSCRIBED before me on this, the 1<sup>st</sup> day of May, 2007.

  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

